

SENATE BILL NO. 42

INTRODUCED BY KEENAN

BY REQUEST OF THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

A BILL FOR AN ACT ENTITLED: "AN ACT CLARIFYING AND RECONCILING THE DUTIES OF THE CHILDREN'S SYSTEM OF CARE PLANNING COMMITTEE AND A SERVICE AREA AUTHORITY BOARD FOR THE DEVELOPMENT OF POLICIES, PLANS, AND BUDGETS FOR THE DELIVERY OF MENTAL HEALTH SERVICES TO CHILDREN; AND AMENDING SECTIONS 52-2-304 AND 53-21-1006, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 52-2-304, MCA, is amended to read:

"52-2-304. Committee duties. (1) The committee established in 52-2-303 shall, to the extent possible within existing resources:

(a) develop policies aimed at eliminating or reducing barriers to the implementation of a system of care;

(b) promote the development of an in-state quality array of core services in order to assist in returning high-risk children with multiagency service needs from out-of-state placements, limiting and preventing the placement of high-risk children with multiagency service needs out of state, and maintaining high-risk children with multiagency service needs within the least restrictive and most appropriate setting;

(c) advise local agencies to ensure that the agencies comply with applicable statutes, administrative rules, and department policy in committing funds and resources for the implementation of unified plans of care for high-risk children with multiagency service needs and in making any determination that a high-risk child with multiagency service needs cannot be served by an in-state provider;

(d) encourage the development of local interagency teams with participation from representatives from child serving agencies who are authorized to commit resources and make decisions on behalf of the agency represented;

(e) specify outcome indicators and measures to evaluate the effectiveness of the system of care; ~~and~~

(f) develop mechanisms to elicit meaningful participation from parents, family members, and youth who are currently being served or who have been served in the children's system of care in the initiative; AND

(G) TAKE INTO CONSIDERATION THE POLICIES, PLANS, AND BUDGET DEVELOPED BY ANY SERVICE AREA

AUTHORITY PROVIDED FOR IN 53-21-1006.

(2) The committee shall coordinate responsibility for the development of a stable system of care for high-risk children with multiagency service needs that may include, as appropriate within existing resources:

(a) pooling funding from federal, state, and local sources to maximize the most cost-effective use of funds to provide services in the least restrictive and most appropriate setting to high-risk children with multiagency service needs;

(b) applying for federal waivers and grants to improve the delivery of integrated services to high-risk children with multiagency service needs;

(c) providing for multiagency data collection and for analysis relevant to the creation of an accurate profile of the state's high-risk children with multiagency service needs in order to provide for the use of services based on client needs and outcomes and use of the analysis in the decisionmaking process;

(d) developing mechanisms for the pooling of human and fiscal resources; and

(e) providing training and technical assistance, as funds permit, at the local level regarding governance, development of a system of care, and delivery of integrated multiagency children's services.

(3) (a) In order to maximize integration and minimize duplication, the local interagency team, provided for in subsection (1)(d), may be facilitated in conjunction with an existing statutory team for providing youth services, including:

(i) a child protective team as provided for in 41-3-108;

(ii) a youth placement committee as provided for in 41-5-121 and 41-5-122;

(iii) a county interdisciplinary child information team or an auxiliary team as provided for in 52-2-211;

(iv) a foster care review committee as provided for in 41-3-115; ~~and~~

(v) a local citizen review board as provided for in 41-3-1003; and

(vi) a local advisory council as provided for in 53-21-702.

(b) If the local interagency team decides to coordinate and consolidate statutory teams, it shall ensure that all state and federal rules, laws, and policies required of the individual statutory teams are fulfilled."

Section 2. Section 53-21-1006, MCA, is amended to read:

"53-21-1006. Service area authorities -- leadership committees -- boards -- plans. (1) In the development of a service area authority, public meetings must be held in communities throughout a service area as defined by the department by rule. The purpose of the meetings is to assist the department to establish a

1 stakeholder leadership committee. The meetings must be designed to solicit input from consumers of services
2 for persons with mental illness, advocates, family members of persons with mental illness, mental health
3 professionals, county commissioners, and other interested community members.

4 (2) The leadership committee within each service area must include but is not limited to a significant
5 portion of consumers of services for persons with mental illness, family members of persons with mental illness,
6 and a mental health services provider. The department shall provide assistance for the development of a
7 leadership committee. The department shall approve a leadership committee within each service area.

8 (3) The leadership committee within each service area shall establish a service area authority board
9 and create bylaws that describe the board's functions and method of appointment. The bylaws must be
10 submitted to the department for review.

11 (4) The service area authority board must be established under Title 35, chapter 2. Upon incorporation,
12 the board may enter into contracts with the department to carry out the comprehensive plan for mental health
13 for that service area. Nonprofit corporations incorporated for the purposes of this part may not be considered
14 agencies of the department or the state of Montana.

15 (5) A service area authority board:

16 (a) shall define the operation and management of the service area mental health system, including:

17 (i) provider contracting;

18 (ii) quality and outcome management;

19 (iii) service planning;

20 (iv) utilization management and review;

21 (v) preadmission screening and discharge planning;

22 (vi) consumer advocacy and family education and rights protection;

23 (vii) infrastructure;

24 (viii) information system requirements; and

25 (ix) procurement processes;

26 (b) shall submit a biennial review and evaluation of mental health service needs and services within the
27 service area;

28 (c) shall keep all records of the board and make reports required by the department;

29 (d) shall prepare and submit a plan and budget proposal to support mental health services for children
30 and adults within the service area, including proposals within existing allocations and specifically outlining any

1 new funding proposals, to the department and to each county in the service area;

2 (e) may receive and shall administer funding available for the provision of mental health services,
3 including grants from the United States government and other agencies, receipts for established fees rendered,
4 taxes, gifts, donations, and other types of support or income. All funds received by the board must be used to
5 carry out the purposes of this part.

6 (f) shall reimburse board members for actual and necessary expenses incurred in attending meetings
7 and in the discharge of board duties as assigned by the board; ~~and~~

8 (g) shall either include a county commissioner or work closely with county commissioners in the service
9 area; and

10 (h) shall take into consideration the policies, plans, and budget developed by the children's system of
11 care planning committee provided for in 52-2-303.

12 (6) The department shall review the plan and budget proposal provided for in subsection (5)(d) and
13 assess the readiness of the service area authority to assume each duty provided in subsection (5)(a). The
14 department shall certify that the service area authority is capable of assuming the duty before contracting with
15 the service area authority for that duty and may provide for a gradual assumption of the duties by a service area
16 authority within the department's 4-year transition plan, subject to approval of the federal waivers as provided
17 for in section 15, Chapter 602, Laws of 2003.

18 (7) A service area authority may not directly provide mental health services."

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